

**OTHER AGENCIES
SUMMARY**

<u>OTHER AGENCIES</u>	<u>Page #</u>	<u>Appropriation</u>	<u>Revenue</u>	<u>Fund Balance</u>	<u>Staffing</u>
IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY	2	7,130,400	5,716,638	1,413,762	21
ECONOMIC AND COMMUNITY DEVELOPMENT CORPORATION	8	92	1	91	0
COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY (COIDA)	10	49,314	600	48,714	0
INLAND COUNTIES EMERGENCY MEDICAL AGENCY	12	4,270,565	3,564,129	706,436	24



IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

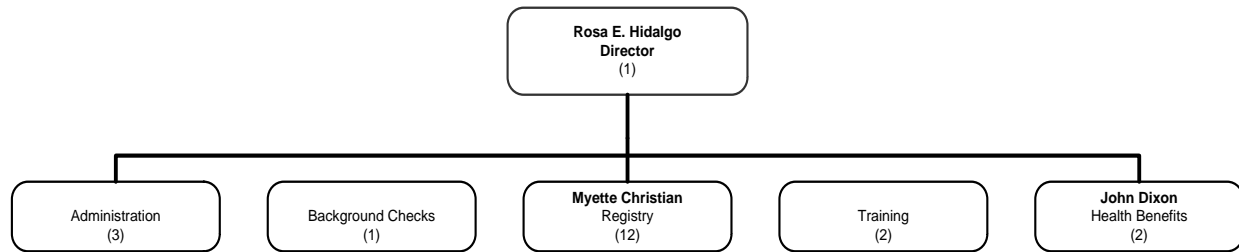
Rosa E. Hidalgo

MISSION STATEMENT

San Bernardino County In-Home Supportive Services Public Authority improves the availability and quality of Homecare in the County of San Bernardino.



ORGANIZATIONAL CHART



2010-11 AND 2011-12 ACCOMPLISHMENTS

- The Public Authority of San Bernardino County partnered with the Workforce Investment Board (WIA) in a program nominated, and awarded a 2011 National Association of Counties (NACo) award. The In-Home Supportive Services Live Scan Assistance program funded the cost through the WIA program for background investigations and fingerprinting for 2,380 caregivers allowing them to retain their employment.
- The Criminal Background Unit processed over 6,000 criminal background reports to comply with State of California's In-Home Supportive Services Public Authority (IHSS) fraud initiative.
- Increased Registry provider cadre in hard to serve County areas by 25%.
- Provided training to over 300 new providers to meet the required experience criteria to be an IHSS Public Authority Registry provider. Participants increased their knowledge base 40% upon completion of the course.
- Increased the number of registry providers calling in to update their availability and profile by 80%.
- Hosted two caregiver Appreciation Day events in the cities of Victorville and Rialto honoring over 325 homecare providers.



2012-13 GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE ACCURACY OF PROVIDER INFORMATION

Objective: Develop and implement provider update process to increase accuracy of provider information sent to In-Home Supportive Services Public Authority (IHSS) recipients.

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Target	2011-12 Estimate	2012-13 Target
Percentage of Providers calling in monthly to update their information.	NA	40%	80%	85%	100%

In July of 2010, the Registry Unit identified provider information was outdated and as a result providers were not being hired due to inaccurate availability information. The Registry Unit has been aggressively working on mandatory monthly provider updates to keep provider information up to date and to provide more accurate information to IHSS recipients.

GOAL 2: INCREASE PROVIDER TRAININGS

Objective: Provide the National Caregiver trainings to IHSS providers in order to enhance their skills while serving the elderly and disabled.

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Target	2011-12 Estimate	2012-13 Target
Percentage of registry providers attending National Caregiver Training Program (NCTP).	NA	20%	25%	40%	50%

As part of the ongoing trainings provided by the Public Authority, The National Caregiver Training Program has been incorporated into our Registry criteria. Providers that do not meet the required work experience to become a registry provider are given the option of completing the four week National Caregiver Training program. This training program enhances provider skills to provide higher quality care to IHSS recipients and assist them to remain safely in their homes instead of being institutionalized.



SUMMARY OF BUDGET UNITS

	2012-13				
	Appropriation	Revenue	Net County Cost	Fund Balance	Revenue Over/ (Under) Exp Staffing
Special Revenue Fund					
In-Home Supportive Services Public Authority	7,130,400	5,716,638		1,413,762	21
Total Special Revenue Fund	7,130,400	5,716,638		1,413,762	21

5-YEAR APPROPRIATION TREND					
	2008-09	2009-10	2010-11	2011-12	2012-13
In-Home Supportive Services Public Authority	6,000,138	5,874,360	8,252,118	7,038,900	7,130,400
Total	6,000,138	5,874,360	8,252,118	7,038,900	7,130,400

5-YEAR REVENUE TREND					
	2008-09	2009-10	2010-11	2011-12	2012-13
In-Home Supportive Services Public Authority	4,594,266	4,467,037	6,841,463	5,625,138	5,716,638
Total	4,594,266	4,467,037	6,841,463	5,625,138	5,716,638

5-YEAR FUND BALANCE TREND					
	2008-09	2009-10	2010-11	2011-12	2012-13
In-Home Supportive Services Public Authority	1,405,872	1,407,323	1,410,655	1,413,762	1,413,762
Total	1,405,872	1,407,323	1,410,655	1,413,762	1,413,762



In-Home Supportive Services Public Authority

DESCRIPTION OF MAJOR SERVICES

The In-Home Supportive Services (IHSS) program was created in 1973 to serve elderly, blind, and/or disabled individuals who are not able to remain safely in their home without assistance. Section 12302.25 of the Welfare and Institutions Code (WIC) mandates that each county, on or before January 1, 2003, must act as, or establish an employer of record for collective bargaining purposes for IHSS care providers. The IHSS Public Authority (PA) was established to comply with this mandate.

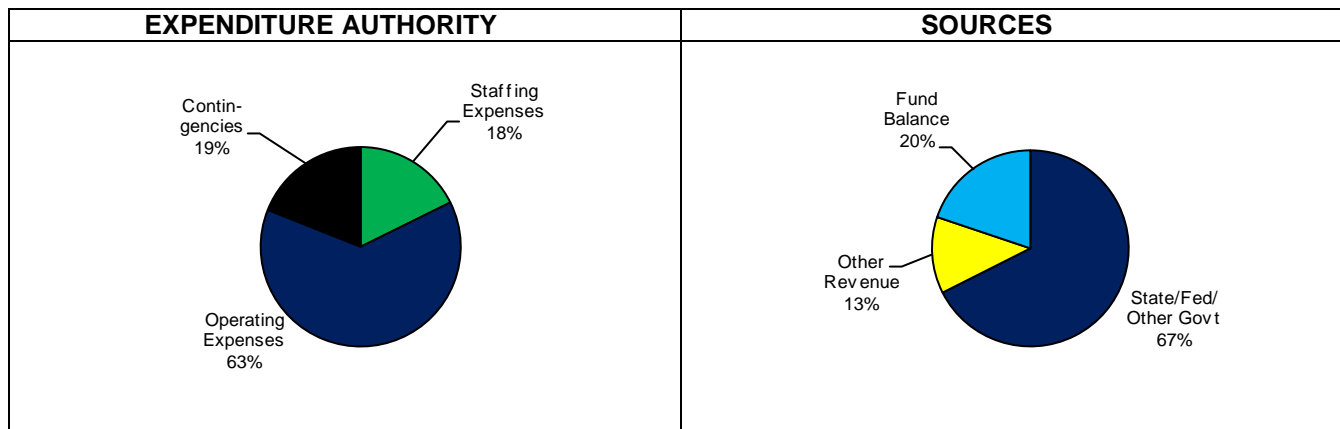
Budget at a Glance

Total Expenditure Authority	\$7,130,400
Total Sources	\$5,716,638
Fund Balance	\$1,413,762
Total Staff	21

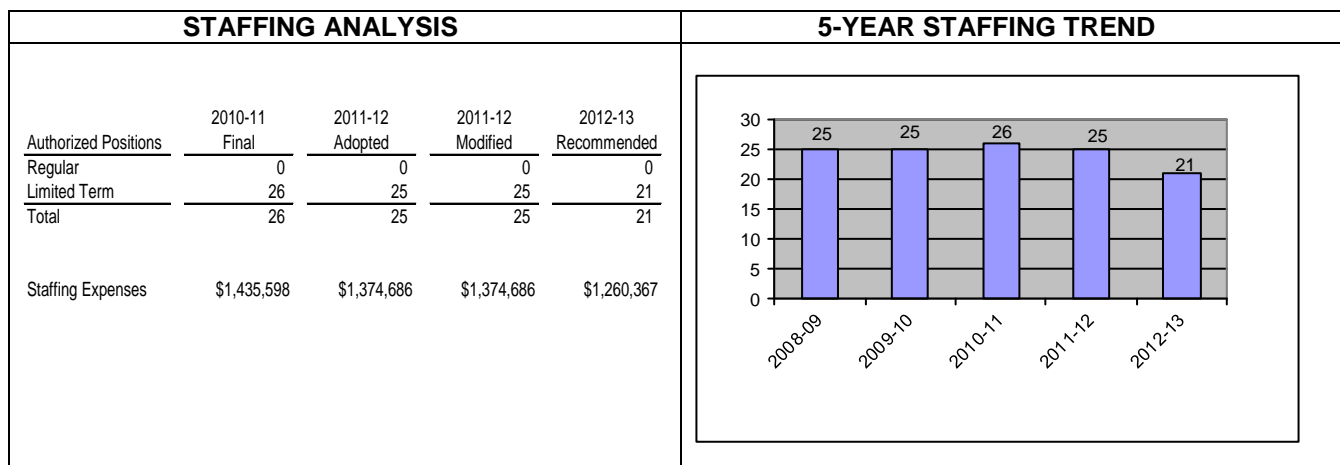
In addition to its role in collective bargaining, the IHSS PA is required by WIC to provide the following mandated services:

- Establish a registry of potential providers.
- Investigate the background and qualifications of potential care providers.
- Refer potential care providers from the registry to IHSS consumers upon request.
- Provide training for both IHSS care providers and consumers upon request.
- Perform other functions related to the delivery of IHSS as designated by the governing board.

2012-13 RECOMMENDED BUDGET



BUDGETED STAFFING



ANALYSIS OF 2012-13 RECOMMENDED BUDGET

GROUP: Other Agencies
DEPARTMENT: IHSS - Public Authority
FUND: IHSS - Public Authority

BUDGET UNIT: RHH 498
FUNCTION: Public Assistance
ACTIVITY: Other Assistance

	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2011-12 Modified Budget	2012-13 Recommended Budget	Change From 2011-12 Modified Budget
Appropriation							
Staffing Expenses	1,353,973	1,353,120	1,435,598	1,248,942	1,374,686	1,260,367	(114,319)
Operating Expenses	2,548,671	3,104,021	4,179,543	3,469,431	4,311,668	4,517,487	205,819
Capital Expenditures	0	0	0	0	0	0	0
Contingencies	0	0	0	0	1,352,546	1,352,546	0
Total Exp Authority	3,902,644	4,457,141	5,615,141	4,718,373	7,038,900	7,130,400	91,500
Reimbursements	0	(13,769)	0	0	0	0	0
Total Appropriation	3,902,644	4,443,372	5,615,141	4,718,373	7,038,900	7,130,400	91,500
Operating Transfers Out	0	0	0	0	0	0	0
Total Requirements	3,902,644	4,443,372	5,615,141	4,718,373	7,038,900	7,130,400	91,500
Departmental Revenue							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	3,214,610	3,709,778	4,850,185	4,017,539	4,723,826	4,816,416	92,590
Fee/Rate	0	3,084	0	0	0	0	0
Other Revenue	28,483	(76,035)	768,064	700,834	901,312	900,222	(1,090)
Total Revenue	3,243,093	3,636,827	5,618,249	4,718,373	5,625,138	5,716,638	91,500
Operating Transfers In	661,002	809,877	0	0	0	0	0
Total Financing Sources	3,904,095	4,446,704	5,618,249	4,718,373	5,625,138	5,716,638	91,500
Fund Balance					1,413,762	1,413,762	0
Budgeted Staffing					25	21	(4)

BUDGET CHANGES AND OPERATIONAL IMPACT

Staffing expenses is decreasing by \$114,319 as a result of eliminating 4 vacant positions. Operating expenses will be increasing by \$205,819 primarily due to increased health benefit payments as a result of anticipated increased federal funding.

State, federal or government aid revenue will increase by \$92,590 as a result of Community First Choice Options (CFCO) which allows for greater federal reimbursement.

MAJOR EXPENDITURES AND REVENUE IN 2012-13 RECOMMENDED BUDGET

Staffing expenses of \$1.3 million fund 21 budgeted positions.

Operating expenses of \$4.5 million include annual registry and provider health benefits databases licensing and maintenance, provider and staff training, provider background investigations and finger printing, Countywide Cost Allocation Plan charges (COWCAP) and payments for provider health benefits.

Contingencies of \$1.4 million represents the amount of fund balance required to be set aside to guarantee appropriate cash flow due to retroactive reimbursements from federal and state funding sources.

State, federal or government aid of \$4.8 million represents the federal and state mandated share of Public Authority expenditures.

Other revenue of \$900,222 represents the net County share required to match federal and state funding for this program. The net County share is funded with social services realignment.



STAFFING CHANGES AND OPERATIONAL IMPACT

There are 4 vacant positions being eliminated in 2012-13.

2012-13 POSITION SUMMARY

Division	Regular	Limited Term	Total	Filled	Vacant	New	Total
Administration	0	4	4	4	0	0	4
Background Checks	0	1	1	1	0	0	1
Health Benefits	0	2	2	2	0	0	2
Registry	0	12	12	12	0	0	12
Training	0	2	2	2	0	0	2
Total	0	21	21	21	0	0	21

Administration	Background Checks	Health Benefits
<u>Classification</u>	<u>Classification</u>	<u>Classification</u>
1 Contract Executive Director	1 Contract Office Assistant III	1 Contract Staff Analyst I
1 Contract Fiscal Assistant	1 Total	1 Contract Office Assistant III
1 Contract Staff Analyst I		2 Total
1 Contract Office Assistant III		
4 Total		
	Registry	Training
	<u>Classification</u>	<u>Classification</u>
	1 Contract Administrative Supervisor I	2 Contract Office Assistant III
	4 Contract Office Assistant II	2 Total
	2 Contract Office Assistant III	
	2 Contract Social Worker I	
	3 Contract Social Worker II	
	12 Total	



ECONOMIC AND COMMUNITY DEVELOPMENT CORPORATION (Mary Jane Olhasso)

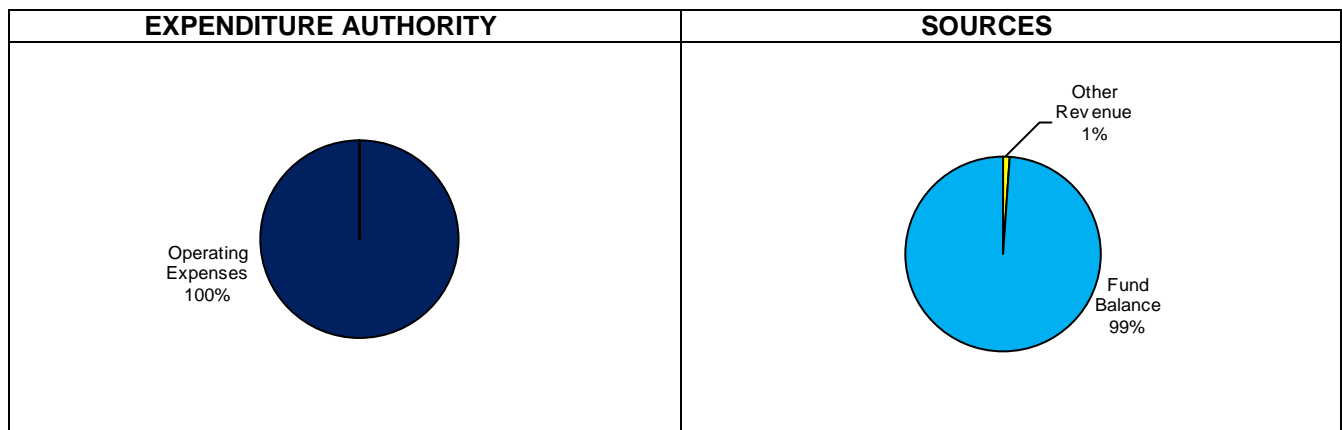
DESCRIPTION OF MAJOR SERVICES

In September 1987, the Board of Supervisors formed the County of San Bernardino Economic and Community Development Corporation to provide additional methods of financing the acquisition of property, for and on behalf of private enterprise, to promote and enhance economic development and increase opportunities for useful employment. The annual Economic and Community Development Corporation budget provides for professional services related to the issuance of bonds, promotion of the financing program and other program related costs. Economic and Community Development Corporation is a function of the Economic Development Agency.

Budget at a Glance

Total Expenditure Authority	\$92
Total Sources	\$1
Fund Balance	\$91
Total Staff	0

2012-13 RECOMMENDED BUDGET



ANALYSIS OF 2012-13 RECOMMENDED BUDGET

GROUP: Economic Development
DEPARTMENT: Economic Development Agency
FUND: Economic and Community Development Corporation

BUDGET UNIT: SFI 499
FUNCTION: Public Assistance
ACTIVITY: Other Assistance

	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2011-12 Modified Budget	2012-13 Recommended Budget	Change From 2011-12 Modified Budget
<u>Appropriation</u>							
Staffing Expenses	0	0	0	0	0	0	0
Operating Expenses	164	38	0	0	92	92	0
Capital Expenditures	0	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0
Total Exp Authority	164	38	0	0	92	92	0
Reimbursements	0	0	0	0	0	0	0
Total Appropriation	164	38	0	0	92	92	0
Operating Transfers Out	0	0	0	0	0	0	0
Total Requirements	164	38	0	0	92	92	0
<u>Departmental Revenue</u>							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	0	0	0	0	0	0	0
Fee/Rate	0	0	0	0	0	0	0
Other Revenue	8	1	0	0	1	1	0
Total Revenue	8	1	0	0	1	1	0
Operating Transfers In	0	0	0	0	0	0	0
Total Financing Sources	8	1	0	0	1	1	0
				Fund Balance	91	91	0
				Budgeted Staffing	0	0	0

MAJOR EXPENDITURES AND REVENUE IN 2012-13 RECOMMENDED BUDGET

Since no bonds are planned to be issued due to low market interest rates, total expenditure authority reflects the available fund balance and other revenue anticipated in 2012-13.

There is no staffing associated with this budget unit.



COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY (Mary Jane Olhasso)

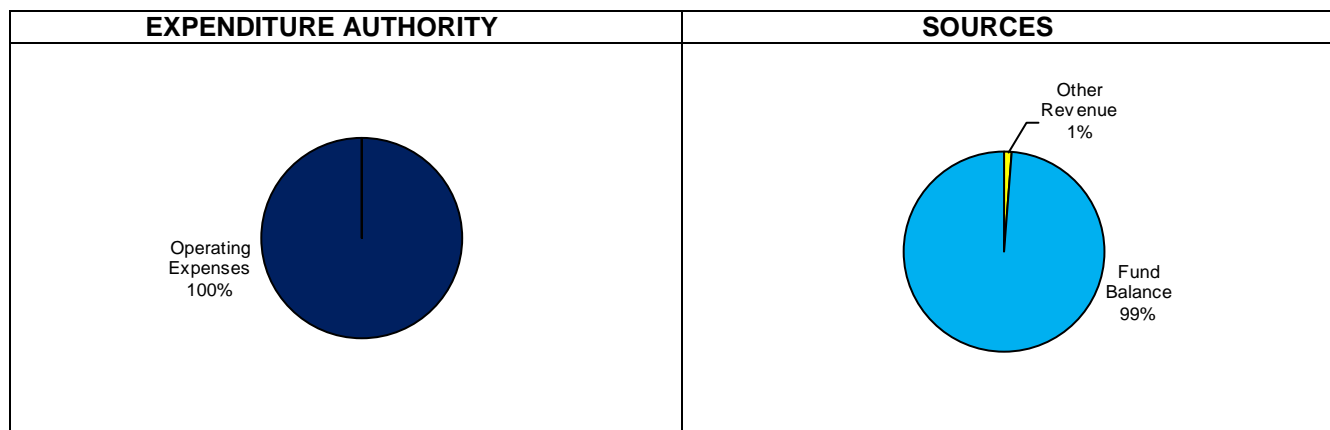
DESCRIPTION OF MAJOR SERVICES

In March 1981, the Board of Supervisors created the San Bernardino County Industrial Development Authority (CoIDA) to issue tax-exempt industrial bonds for the furtherance of economic development and the creation of new jobs within the county. The annual CoIDA budget typically provides for funding for the cost of professional services related to the issuance of bonds, promotion of the financing program and other program related costs. CoIDA is a function within the Economic Development Agency.

Budget at a Glance

Total Expenditure Authority	\$49,314
Total Sources	\$600
Fund Balance	\$48,714
Total Staff	0

2012-13 RECOMMENDED BUDGET



ANALYSIS OF 2012-13 RECOMMENDED BUDGET

GROUP: Economic Development
 DEPARTMENT: Economic Development Agency
 FUND: Industrial Development Authority

BUDGET UNIT: SPG 510
 FUNCTION: Public Assistance
 ACTIVITY: Other Assistance

	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2011-12 Modified Budget	2012-13 Recommended Budget	Change From 2011-12 Modified Budget
<u>Appropriation</u>							
Staffing Expenses	0	0	0	0	0	0	0
Operating Expenses	58	84	3,797	400	47,687	49,314	1,627
Capital Expenditures	0	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0
Total Exp Authority	58	84	3,797	400	47,687	49,314	1,627
Reimbursements	0	0	0	0	0	0	0
Total Appropriation	58	84	3,797	400	47,687	49,314	1,627
Operating Transfers Out	0	0	0	0	0	0	0
Total Requirements	58	84	3,797	400	47,687	49,314	1,627
<u>Departmental Revenue</u>							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	0	0	0	0	0	0	0
Fee/Rate	0	31,000	(14,897)	0	0	0	0
Other Revenue	1,069	639	0	2,027	600	600	0
Total Revenue	1,069	31,639	(14,897)	2,027	600	600	0
Operating Transfers In	0	0	0	0	0	0	0
Total Financing Sources	1,069	31,639	(14,897)	2,027	600	600	0
Fund Balance					47,087	48,714	1,627
Budgeted Staffing					0	0	0

MAJOR EXPENDITURES AND REVENUE IN 2012-13 RECOMMENDED BUDGET

Since no bonds are planned to be issued due to low market rates, total expenditure authority reflects the available fund balance and other revenue anticipated in 2012-13.

There is no staffing associated with this budget unit.



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

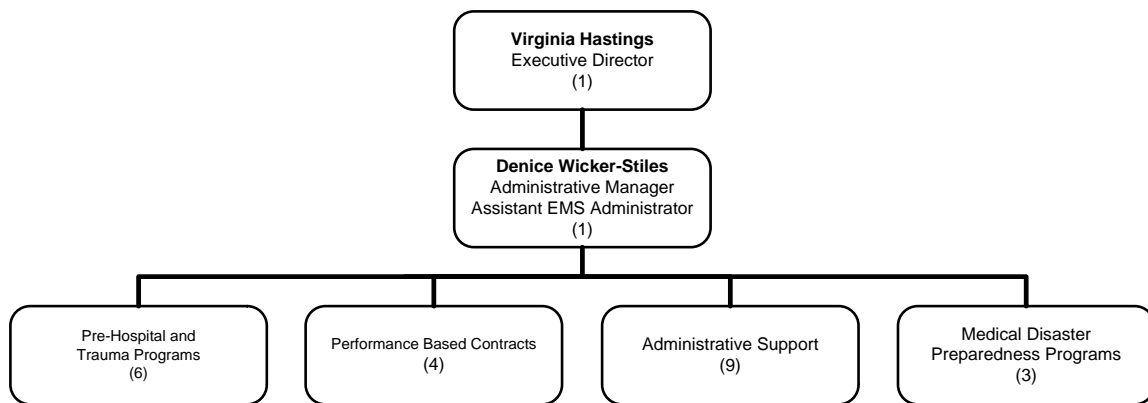
Virginia Hastings

MISSION STATEMENT

Inland Counties Emergency Medical Agency ensures an effective system of quality patient care and coordinated emergency medical response by planning, implementing and evaluating an effective emergency medical services system including fire department and public ambulances, pre-hospital providers and hospitals, including specialty care hospitals, such as trauma and cardiac care hospitals.



ORGANIZATIONAL CHART



2010-11 AND 2011-12 ACCOMPLISHMENTS

- Implemented Statewide Central Registry and new disciplinary procedures for Emergency Medical Technicians in accordance with new State Regulations.
- Initiated Emergency Medical Services (EMS) Aircraft contracts for San Bernardino County.
- Increased participation in system wide EMS data collection program with all system participants except some fire agencies.
- Increased countywide hospital disaster preparedness through the purchase of various items and training.
- Implemented and certified six (6) neurovascular stroke centers in all regions of the County.
- Initiated the implementation of a new Electronic Patient Care System.
- Initiated the implementation of a new online education system.



2012-13 GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: ENSURE THAT THE MOST EFFECTIVE EMERGENCY SERVICES ARE DELIVERED TO THE RESIDENTS OF SAN BERNARDINO COUNTY

Objective: *Designate Specialty Care Hospitals to allow paramedics to transport specialty care patients to Specialty Care Hospitals in order to access the services of specialty physicians in a timelier manner.*

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Target	2011-12 Estimate	2012-13 Target
Number of Cardiac Care Hospitals (CCHs) designated in the Inland Counties Emergency Medical Agency (ICEMA) jurisdiction.	6	6	7	6	7
Establishment of Neurovascular Stroke Receiving Centers Designated in the ICEMA Jurisdiction.	N/A	N/A	4	6	7
Begin comprehensive review and design of emergency medical services ground transportation system	N/A	N/A	N/A	N/A	1
Begin comprehensive review and design of emergency medical services air transportation system	N/A	N/A	N/A	N/A	1

In 2008-09, ICEMA established implementation of Cardiac Care Hospitals as one of its objectives. During that year, ICEMA designated Loma Linda University Medical Center, San Antonio Community Hospital, St. Mary's Medical Center and Pomona Valley Hospital as Cardiac Care Hospitals. In 2009-10, ICEMA designated St. Bernardine Medical Center and Riverside Community Hospital as Cardiac Care Hospitals increasing the number of hospitals to six. For 2012-13, ICEMA plans to add one more hospital to this designation specialty, which would increase the number of Cardiac Care Hospitals to seven.

In addition, ICEMA is established Neurovascular Stroke Receiving Centers as one of its objectives in 2011-12. ICEMA established 6 hospitals as Neurovascular Stroke Receiving Centers in 2011-12. For 2012-13 ICEMA plans to add one more hospital to this designation, which would increase the number of Neurovascular Stroke Receiving Centers to seven.

In 2012-13, ICEMA intends to begin a review of both emergency medical services ground and air transportation. The goal of this review is to assist ICEMA in the redevelopment of both systems.

GOAL 2: IMPLEMENT AN EMERGENCY MEDICAL SERVICES AUTHORITY QUALITY IMPROVEMENT PLAN

Objective: *Adopt and implement a medically sound and current Quality Improvement Plan within the ICEMA Region.*

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Target	2011-12 Estimate	2012-13 Target
Increase in the number of Quality Improvement audit filters for system review and improvement	N/A	5	5	5	5
Increase in the number of educational programs implemented to address system Quality Improvement issues identified through a strong, standardized Quality Improvement program.	N/A	2	2	2	2

For 2011-12, ICEMA adopted and implemented the Emergency Medical Services Authority's (EMSA) new Quality Improvement Plan and reached the target of five audit filters of system review and improvement. In 2012-13 ICEMA continues to target five audit filters of system review.

In 2011-12, ICEMA has met the target of two educational programs implemented to address system quality improvement issues identified through a strong standardized quality improvement program. In 2012-13 ICEMA is targeting two more educational programs implemented to address system quality improvement issues identified through a strong standardized quality improvement program to improve our educational programs.



SUMMARY OF BUDGET UNITS

2012-13					
	Appropriation	Revenue	Net County Cost	Fund Balance	Revenue Over/ (Under) Exp Staffing
Special Revenue Fund					
Inland Counties Emergency Medical Agency	4,270,565	3,564,129		706,436	24
Total Special Revenue Fund	4,270,565	3,564,129		706,436	24

5-YEAR APPROPRIATION TREND

	2008-09	2009-10	2010-11	2011-12	2012-13
Inland Counties Emergency Medical Agency	0	4,293,208	3,808,735	4,297,726	4,270,565
Total	0	4,293,208	3,808,735	4,297,726	4,270,565

5-YEAR REVENUE TREND

	2008-09	2009-10	2010-11	2011-12	2012-13
Inland Counties Emergency Medical Agency	0	3,793,208	2,964,903	4,238,560	3,564,129
Total	0	3,793,208	2,964,903	4,238,560	3,564,129

5-YEAR FUND BALANCE TREND

	2008-09	2009-10	2010-11	2011-12	2012-13
Inland Counties Emergency Medical Agency	0	500,000	843,832	59,166	706,436
Total	0	500,000	843,832	59,166	706,436



Inland Counties Emergency Medical Agency

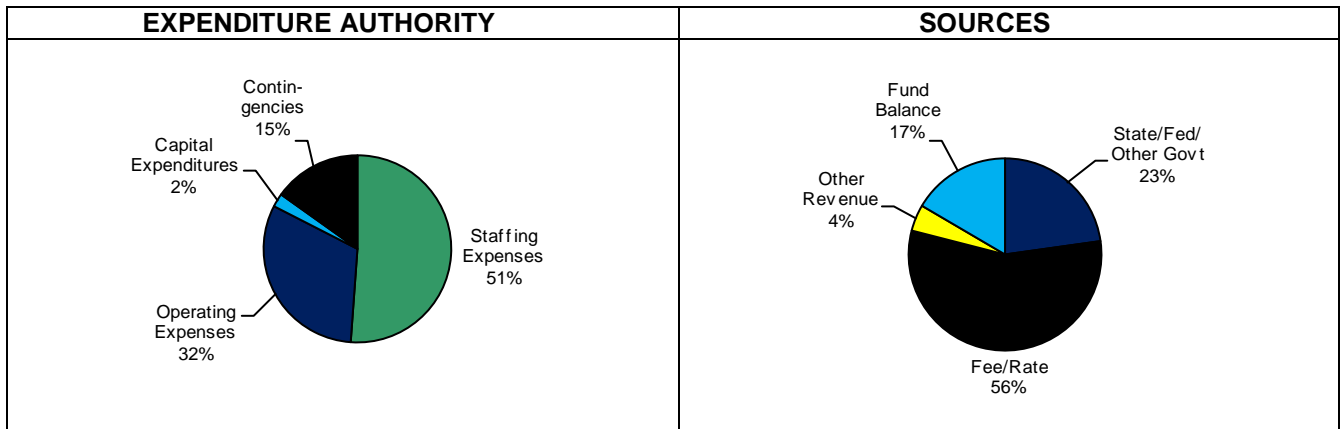
DESCRIPTION OF MAJOR SERVICES

The Inland Counties Emergency Medical Agency (ICEMA) was developed under a Joint Powers Agreement with San Bernardino, Inyo and Mono Counties. ICEMA is responsible for ensuring effective emergency medical services for the three county areas. Specifically, they are charged with the coordination, evaluation and monitoring of emergency medical services within public and private pre-hospital providers, specialty hospitals, paramedic base hospitals, as well as the effectiveness of Emergency Medical Services (EMS) educational programs and medical disaster preparedness in accordance with Health and Safety code, Division 2.5 and the following eight defined components of EMS: system organization and maintenance, staffing and training, communications, transportation, assessment of hospitals and critical care centers, data collection and evaluation, public information and education and disaster response.

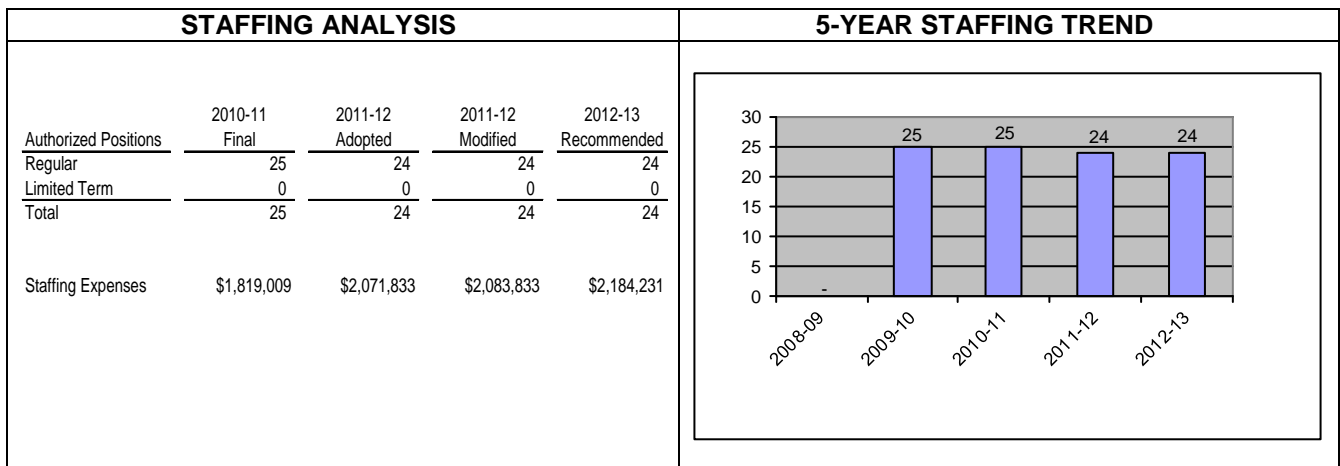
Budget at a Glance

Total Expenditure Authority	\$4,270,565
Total Sources	\$3,564,129
Fund Balance	\$706,436
Total Staff	24

2012-13 RECOMMENDED BUDGET



BUDGETED STAFFING



ANALYSIS OF 2012-13 RECOMMENDED BUDGET

GROUP: Other Agencies
 DEPARTMENT: Inland Counties Emergency Medical Services Agency
 FUND: ICEMA

BUDGET UNIT: SMI ICM
 FUNCTION: Health and Sanitation
 ACTIVITY: Hospital Care

	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2011-12 Modified Budget	2012-13 Recommended Budget	Change From 2011-12 Modified Budget
Appropriation							
Staffing Expenses	0	1,428,562	1,819,009	1,969,606	2,083,833	2,184,231	100,398
Operating Expenses	0	1,415,944	1,189,107	1,781,775	1,751,234	1,340,646	(410,588)
Capital Expenditures	0	415,357	108,345	150,480	150,480	99,601	(50,879)
Contingencies	0	0	0	0	0	646,087	646,087
Total Exp Authority	0	3,259,863	3,116,461	3,901,861	3,985,547	4,270,565	285,018
Reimbursements	0	0	0	0	0	0	0
Total Appropriation	0	3,259,863	3,116,461	3,901,861	3,985,547	4,270,565	285,018
Operating Transfers Out	0	0	0	312,179	312,179	0	(312,179)
Total Requirements	0	3,259,863	3,116,461	4,214,040	4,297,726	4,270,565	(27,161)
Departmental Revenue							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	0	1,580,121	1,165,228	1,250,401	1,145,966	972,801	(173,165)
Fee/Rate	0	1,442,458	1,205,865	3,571,759	3,005,964	2,401,295	(604,669)
Other Revenue	0	410,129	569,195	7,150	54,630	7,798	(46,832)
Total Revenue	0	3,432,708	2,940,288	4,829,310	4,206,560	3,381,894	(824,666)
Operating Transfers In	0	212,026	32,000	32,000	32,000	182,235	150,235
Total Financing Sources	0	3,644,734	2,972,288	4,861,310	4,238,560	3,564,129	(674,431)
Fund Balance					59,166	706,436	647,270
Budgeted Staffing					24	24	0

BUDGET CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$2,184,231 fund 24 budgeted positions. These expenses have a net increase of \$100,398 from the prior fiscal year budget which reflects an increase due to the addition of a new position, a reclassification of a current position and step increases.

Operating expenses of \$1,340,646 includes contracts for professional services, capital assets, facility cost and the continued support for the new Electronic Patient Care Record (ePCR) system. These expenses have a decrease of \$410,588 due to start-up costs for the ePCR system no longer being a factor since implementation took place in 2011-12.

Departmental revenue of \$3,564,129 represents payments from fees charged for services, state Maddy funding and federal grant funding. The decrease of \$674,431 in revenue is due to the decreased start-up funding related to implementation of the ePCR system which took place in 2011-12.

STAFFING CHANGES AND OPERATIONAL IMPACT

ICEMA intends to add one position in 2012-13. This position is a Supervising Office Assistant that will assist and manage the certification of emergency medical services workers. This position will report to the Administrative Manager. ICEMA will be de-funding a Public Service Employee resulting in zero net budgeted staffing changes.



2012-13 POSITION SUMMARY

Division	Regular	Limited Term	Total	Filled	Vacant	New	Total
Pre-Hospital and Trauma Programs	6	0	6	6	0	0	6
Performance Based Contracts	4	0	4	3	1	0	4
Administrative Support	11	0	11	10	0	1	11
Medical Disaster Preparedness	3	0	3	3	0	0	3
Total	24	0	24	22	1	1	24

Pre-Hospital and Trauma	Performance Based Contracts	Administrative Support
<u>Classification</u>	<u>Classification</u>	<u>Classification</u>
2 Contract Nurse	1 Public Health Program Coordinator	1 Executive Director
2 Emergency Medical Services Nurse	1 Staff Analyst II	1 Administrative Manager
2 Statistical Analyst	1 EMS Technical Consultant	1 Staff Analyst
6 Total	1 Office Assistant III	1 Fiscal Assistant
	4 Total	1 Secretary
		2 Emergency Medical Svcs Specialist
		2 Office Assistant III
		1 Office Assistant II
		1 Supervising Office Assistant
		11 Total
 Medical Disaster Preparedness		
<u>Classification</u>		
1 Nurse Educator		
1 Medical Emergency Planning Spec.		
1 Training Specialist		
3 Total		



CCHs – Cardiac Care Hospitals
CFCO – Community First Choice Options
CoIDA – San Bernardino County Industrial Development Authority
COWCAP – Countywide Cost Allocation Plan
EMS – Emergency Medical Agency
EMSA – Emergency Medical Services Agency
ePCR – Electronic Patient Care Record
ICEMA – Inland Counties Emergency Medical Agency
IHSS – In-Home Supportive Services Public Authority
NACo – National Association of Counties
NCTP – National Caregiver Training Program
PA – Public Authority
WIA – Workforce Investment Board
WIC – Welfare and Institutions Code

